

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Report to:** Trust Board  
**Date:** 24<sup>th</sup> April 2014  
**REPORT BY:** Director of Clinical Quality  
**SUBJECT:** Revised Quality Commitment priorities 2014-15

---

Following discussion on the Quality Commitment at the Quality Assurance Committee, the Executive Quality Board received an end of year report in January. The proposal was that there would be a refresh of the Quality Commitment. Board and executive leads have met and have agreed the attached draft Quality Commitment (Appendix A).

The 2014-15 priorities reflect local and national priorities, including:

- Safety priorities
- Trust Development Authority guidance
- UHL CQC reports
- Commissioner requirements (Quality Schedule and CQUIN programmes 2014).

For each of the priorities an action has been identified together with a corporate lead.

The Executive Quality Board discussed the attached draft Quality Commitment at its meeting on 2<sup>nd</sup> April and minor amendments were made. Members were in support of a more comprehensive, inclusive programme.

The draft Quality Commitment was presented by the Chief Nurse at the Trust Board development session on the 10<sup>th</sup> April and following a discussion it was proposed that the overarching headings be more outcome based and impactful and this has been reflected in the attached schematic.

The next steps are to confirm who will be providing the reports and at what frequency. The Chief Nurse, Director of Clinical Quality and Assistant Director of Information will then be meeting to discuss how this is reflected in the Quality and Performance report as this will be the vehicle for reporting on the Quality commitment. There will also be a launch of the refreshed Quality Commitment and 14/15 priorities for our staff and the public.

# OUR QUALITY COMMITMENT

<b>AIM</b>	<b>Be Effective – Reduce Mortality</b>	<b>Improve Safety – Reduce Harm</b>	<b>Care and Compassion – Improve Patient Experience</b>	
	To deliver evidence based care/best practice and effective pathways and to improve clinician and patient reported outcomes	To reduce avoidable death and injury , to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents	To listen and learn from patient feedback and to improve patient experience of care	
<b>14/15 PRIORITIES</b>	<p><b>Embed mortality review process across all specialities</b></p> <p><b>Improve pathways of care to improve outcomes in respect of</b></p> <ul style="list-style-type: none"> <li>•Pneumonia</li> <li>•Heart failure</li> <li>•Acute Myocardial Infarction (AMI)</li> <li>•Acute Kidney Injury (AKI)</li> <li>•Out of hours emergency admissions</li> <li>•IOFM (intraoperative fluid management)</li> <li>•7 Day Services</li> </ul> <p><b>Outcomes review</b></p> <p>Mortality Alerts</p> <p>10 clinical key specialities</p> <p><b>Process review</b></p> <ul style="list-style-type: none"> <li>•Implementation patient census</li> <li>•Consultant assessment following emergency admission</li> <li>•Clinical utilisation tool critical care</li> <li>•Breast feeding neonates</li> </ul> <p><b>Embedding best practice</b></p> <ul style="list-style-type: none"> <li>•Compliance with NICE</li> <li>•Performance against national clinical audit</li> </ul>	<p><b>Safety Actions</b></p> <ul style="list-style-type: none"> <li>•Sepsis</li> <li>•Handover</li> <li>•Acting on results</li> <li>•Early Warning Score (EWS)</li> <li>•Ward rounds</li> <li>•Improve resuscitation processes and DNARCRP processes</li> </ul> <p><b>Safety Thermometer</b></p> <ul style="list-style-type: none"> <li>•VTE</li> <li>•Pressure ulcers</li> <li>•CAUTI</li> <li>•Falls</li> <li>•Medication safety</li> </ul> <p><b>Patient Safety Collaborative Topics</b></p> <ul style="list-style-type: none"> <li>•HCAI</li> <li>•Nutrition, hydration</li> <li>•Diabetes (including think glucose)</li> </ul>	<p><b>Actively seek views of patients across all services</b></p> <p><b>Improve the experience of care for older people</b></p> <ul style="list-style-type: none"> <li>• Implement recommendations from national quality mark across all older people's areas</li> <li>• Improve/continue positive feedback across CMGs</li> </ul> <p><b>Improve experience of care for patients with dementia and their carers</b></p> <ul style="list-style-type: none"> <li>• Dementia implementation plan</li> </ul> <p><b>Expand current programme of end of life care processes across Trust</b></p> <p><b>Triangulation of patient feedback</b></p> <ul style="list-style-type: none"> <li>•Including complaints, NHS Choices, Patient Surveys</li> </ul> <p><b>Named consultant / named nurse</b></p>	
	<p style="text-align: center;"><b>Supporting Work programmes</b></p> <p>Organisational learning, culture &amp; leadership      Staff numbers, skills &amp; competence      Audit &amp; measurement      Systems &amp; processes</p>			

Depicts inclusion in CQUIN programme

Depicts inclusion in Quality Schedule

Depicts compliance action/national priority